

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029883

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 262

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT BY AFFIDAVIT OF

**FILED AUG 27 1962**

1. PLACE OF DEATH  
a. COUNTY **Adair**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** COUNTY **Macon**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kirksville** Length of stay in 1b **1 day**

c. CITY OR TOWN **La Plata** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
**OLIN L. MARTIN**

4. DATE OF DEATH Month Day Year  
**August 16, 1962**

5. SEX **M** 6. COLOR OR RACE **W** 7. Married  Never Married   
Widowed  Divorced

8. DATE OF BIRTH **6/12/00** 9. AGE (last birthday) **62**

IF UNDER 1 YEAR Months **2** Days **4** Hours **--** Min. **--**

IF UNDER 24 HR Hours **--** Min. **--**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Laborer**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) **Atlanta Missouri**

12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Samuel E. Martin** 13b. MOTHER'S MAIDEN NAME **Betty M. Self**

14. NAME OF HUSBAND OR WIFE **Emma Ruth Martin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO. **6** 17. INFORMANT Address **Mrs. Emma Ruth Martin**

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Cerebrovascular accident instant**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arterio sclerosis** 2 yrs

DUE TO (c) **My hypertensive heart disease** 4 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **8-15-62** to **8-16-62** and last saw him alive on **8-16-62**  
Death occurred at **1:20 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE, (Degree or title) **Neil T. Eyerly M.D.** 22b. ADDRESS **Kirksville, Missouri** 22c. DATE SIGNED **8/16/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **8/18/62** 23c. NAME OF CEMETERY OR CREMATORY **La Plata Cemetery** 23d. LOCATION (City, town, or county) (State) **La Plata, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Wilson Funeral Home, La Plata, Missouri** 25. DATE RECD. BY LOCAL REG. **Aug 24, 1962** 26. REGISTRAR'S SIGNATURE **Doris W. Ratliff**

Permit renewed Aug. 16. 1962.

MILTON T. ENGLISH, M.D.

SEP 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Kenneth M. Wilson

Licensed Embalmer No. 4701  
P. O. Address La Plata Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.